CLAIMS ONLY			Application Number		Filing Date
			Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/				
2		/					52		/				
3		/.					53		/				
4		/					54		/				
5		/					55						
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12		/					62						
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39		/					89						
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45		,					95						
46		,					96						
47		,					97						
48		,					98						
49		,					99						
50		/					100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						